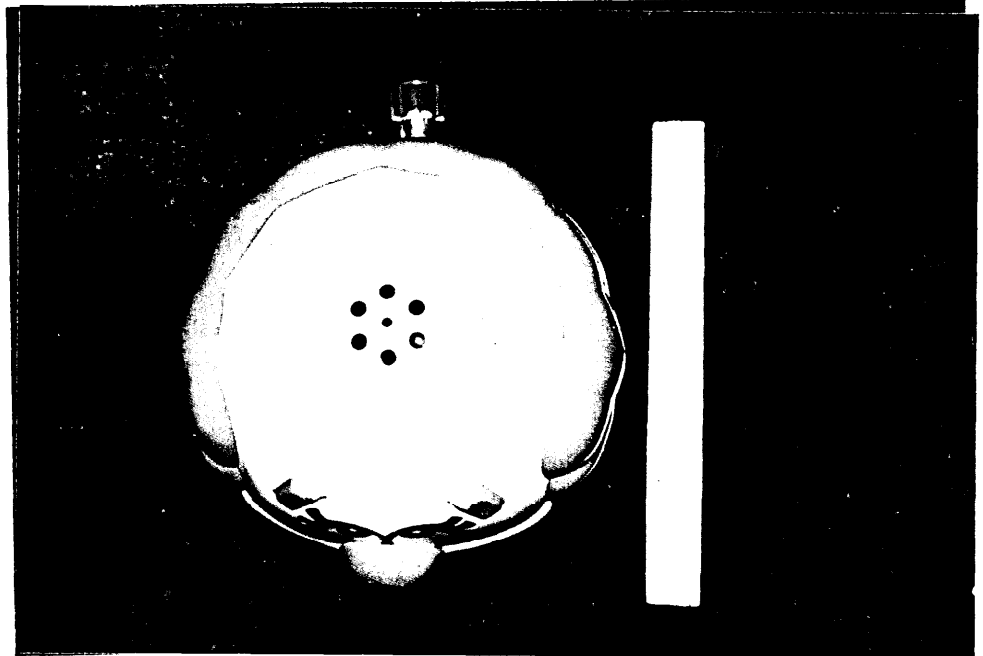


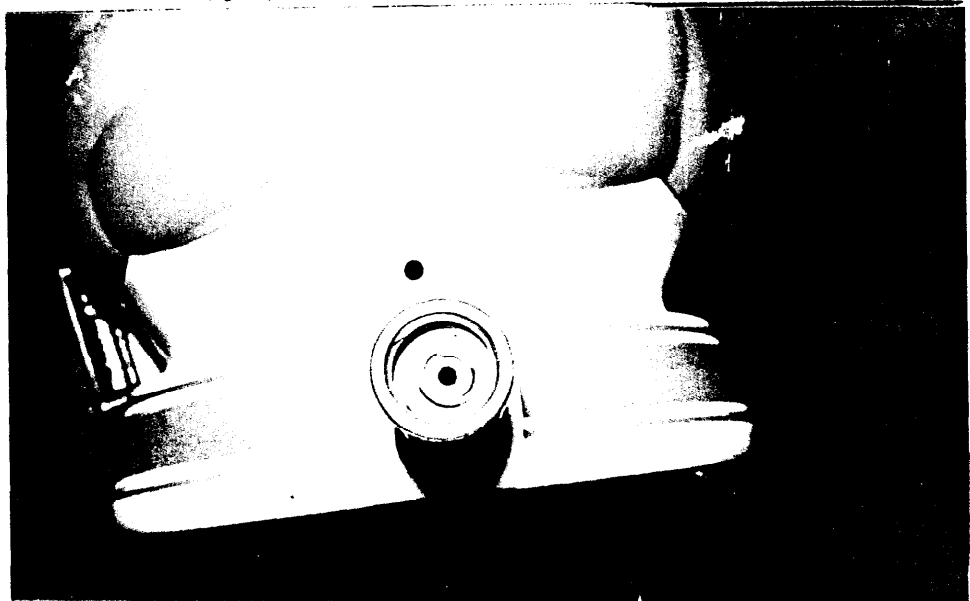
CPSC EXHIBIT 3 DATE 8-13-80
FIRM 800 805 CH 5041

NAME DJ



TOP VIEW

RETROFIT REDUCER

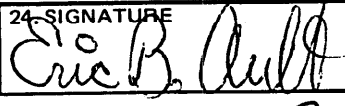


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Release CONSUMER PRODUCT COMPLAINT REPORT 800-206

1. NAME OF COMPLAINANT <i>Diane Richmond</i>		2. TELEPHONE NO. <i>662-2197</i>	3. DATE OF INCIDENT <i>7-28-80</i>
4. STREET ADDRESS <i>4981 Oak Lane</i>		5. CITY, STATE, ZIP CODE <i>Gurnee, IL 60031</i>	
6a. DESCRIPTION OF PRODUCT(S) <i>Fun Fountain Toy</i>			
		6b. Date Acquired <i>7-4-80</i>	
7. BRAND NAME <i>Whamo</i>		8. MODEL/STYLE NO.	
9. SERIAL NO.		10. LOT/BATCH NO.	
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS <i>Wham-O Mfg. San Gabriel, Calif.</i>		12. DEALER NAME AND ADDRESS <i>TRU-Valve Store Gurnee, IL</i>	
13. HOW PRODUCT ACQUIRED PURCHASED NEW <input checked="" type="checkbox"/> SECOND HAND <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____			
14. SAMPLE AVAILABLE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		15. WARNING LABEL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. INSTRUCTIONS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
17. PRODUCT DAMAGED BEFORE INCIDENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. PRODUCT REPAIRED BEFORE <input type="checkbox"/> INCIDENT <input type="checkbox"/> AFTER <input checked="" type="checkbox"/>	
19. AGE OF PRODUCT (ESTIMATE IF NECESSARY) <i>3 weeks</i>			
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE <i>5 years</i>		21. VICTIM'S SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>	
22. BODY PART(S) INVOLVED <i>eye</i>			
23. TYPE OF INJURY OR ILLNESS BURN <input type="checkbox"/> FRACTURE <input type="checkbox"/> CUT <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIFY <i>brake blood vessels</i>			
24. MEDICAL TREATMENT RECEIVED PHYSICIAN'S OFFICE <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> OTHER HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY <i>NONE</i>			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. <i>Individual reports that her daughter was hit in the eye with the water stream from this toy. It brake blood vessels in her eye which turned red and was swollen. This toy had not been recalled as per CPSC memo page 145. Complaint was referred by FDA under IRH S.</i>			
FOR COMMISSION USE ONLY			
26. RECEIVING OFFICE <i>CHI-RO</i>		27. DATE RECEIVED <i>8-5-80</i>	
28. RECEIVED BY <i>James O. McCreary, SPST</i>		30. DOCUMENT NO. <i>608 0008</i>	
29. SOURCE OF REPORT LETTER <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> VISIT <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____		32. PRODUCT CODE(S)	
31. FOLLOW-UP ACTION <i>Make F/4. Determine why this wasn't recalled</i>		34. ENDORSER'S NAME AND TITLE <i>M. J. Schuler</i>	
33. DISTRIBUTION <i>CHI-RO; LOS-RO; HIEI</i>			

INSPECTION-INVESTIGATION COVER SHEET

1. AREA OFFICE <div style="text-align: center;">CHI</div>		2. OPERATION Insp. _____ Inv. <u>XX</u>		3. DATE <div style="text-align: center;">8/8/80</div>		4. REPORT NO. <div style="text-align: center;">800805Chi5041</div>	
5. ESTABLISHMENT NAME <div style="text-align: center;">Whamo Mfg.</div>					6. FIRM IDENTIFICATION NO.		
7. ESTABLISHMENT ADDRESS <div style="text-align: center;">835 E. El Monte St. San Gabriel, CA 91788</div>				8. RELATED FIRMS <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div>			
9. PRODUCTS INSPECTED <div style="text-align: center;">Fun Fountain</div>				10. OTHER REGULATED PRODUCTS <div style="text-align: center;">SEP 11 1980 Division of Product Defect Correction Compliance and Enforcement CPSC</div>			
11. ESTAB. TYPE		12. ANN. SALES	a. PRODUCTS INSPECTED \$ _____ Units _____		b. OTHER REG. PRODS. \$ _____ Units _____		c. TOTAL (Inc. non-reg.) \$ _____
13. I.S. BUSINESS Rec. _____ % Sold _____ %		14. SAMPLES COLLECTED			15. PROJECT		16. HOURS
17. REASON FOR INSPECT./INVEST.-DOC. REF.							
18. EMPLOYEE'S NAME				19. TITLE		20. SIGNATURE	
21. ENDORSEMENT Original follow-up was assigned to determine if the unit involved in the accident had been retrofitted. Visual examination of the Fun Fountain revealed that it had been fitted the blue plastic flow reducer as per the Corrective Action Plan. Investigation shows that a five year old received an eye injury causing redness of the eye ball and the immediate eye area when struck in the eye by the stream of water from the unit. F/U: CHI recommends that CEPD and LOS-RO may want to re-assess the effectiveness of the corrective action.							
22. ENDORSER'S NAME <div style="text-align: center;">Eric B. Ault for CHI Hazard Assessment Comm.</div>				23. TITLE <div style="text-align: center;">S.I.</div>		24. SIGNATURE <div style="text-align: center;"></div>	
25. ENDORSEMENT DATE <div style="text-align: center;">9/8/80</div>				26. DISTRIBUTION <div style="text-align: center;">CHI, HIEI, <u>CEPD</u> & LOS</div>			

H IND 3		CASE 1 800805CHI0919
THIRD PRODUCT MANUFACTURER IDENTIFICATION		
78 TRADE/BRAND NAME MANUFACTURER & ADDRESS None		
79 MOD. NO.		80 SER. NO.
FOR ITEMS 81 THRU 88 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4		
81 CERTIFICATION ON PRODUCT (AGA, U/L, ETC.)	82 ANY SAFETY DEVICE(S) PRESENT ON PRODUCT	83 APPLICABLE SAFETY DEVICE IN USE
84 WARNING OR CAUTION STATEMENT PRESENT ON PRODUCT	85 WARNING OR CAUTION STATEMENT FOLLOWED	86 AGE OF PRODUCT MONTHS PRECEDED BY "2"; YEARS PRECEDED BY "0"
87 PRODUCT STATUS OWNED-1 BORROWED-3 RENTED-2 OTHER-4	88 PRODUCT MODIFIED IN ANY WAY, INCLUDING ADDITION OF SAFETY DEVICE(S)	
FOURTH PRODUCT MANUFACTURER IDENTIFICATION		
89 TRADE/BRAND NAME MANUFACTURER & ADDRESS None		
90 MOD. NO.		91 SER. NO.
FOR ITEMS 92 THRU 99 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4		
92 CERTIFICATION ON PRODUCT (AGA, U/L, ETC.)	93 ANY SAFETY DEVICE(S) PRESENT ON PRODUCT	94 APPLICABLE SAFETY DEVICE IN USE
95 WARNING OR CAUTION STATEMENT PRESENT ON PRODUCT	96 WARNING OR CAUTION STATEMENT FOLLOWED	97 AGE OF PRODUCT MONTHS PRECEDED BY "2"; YEARS PRECEDED BY "0"
98 PRODUCT STATUS OWNED-1 BORROWED-3 RENTED-2 OTHER-4	99 PRODUCT MODIFIED IN ANY WAY, INCLUDING ADDITION OF SAFETY DEVICE(S)	
NARRATIVE		
<p>Use the following "outline" in reconstructing the accident sequence and in describing the condition associated with the accident or injury. Include in your narrative as many factors as possible relating to the victim's activities, accident, injury and product(s). Use Supplemental Investigation guide if appropriate. Be sure to enclose photos and diagrams as per instructions to enhance your report.</p> <p>SYNOPSIS: What product was involved; how the accident occurred; where the accident occurred; who was injured; description of the injury.</p> <p>PRE-ACCIDENT: Activities of victim prior to accident; unusually tired or fatigued; physical condition (consider: acutely ill, chronically ill, handicapped or disabled, under influence of drugs or alcohol); upset for any reason; awareness that this activity might be dangerous; any safety precautions taken to prevent such an accident; familiarity with proper operation of product; level of experience with product; performed this specific activity before; immediate environment and related factors (atmospheric conditions; obstacles; wet; uneven; rough or slippery surface).</p> <p>ACCIDENT: Exact activity of victim at time of injury; any distractions or unusual circumstances; in a hurry; relative position of product and part of body injured; type of energy transfer that caused injury (mechanical, electrical, thermal, radiation, chemical); source of energy involved (product, victim, outside source); safety measures/devices being followed or used.</p> <p>POST-ACCIDENT: Actions of victim, or bystanders, injury treatment; severity of injury; any permanent impairment (nerve damage, stiff joints, loss of sight, etc.); action taken to prevent recurrence; principal dimensions of product involved; physical condition of product after accident.</p> <p>PRODUCT IDENTIFICATION: Who manufactured the product; where; of what material was the product constructed; any caution instructions, age recommendations; describe any controls on product, such as on/off mechanism; describe any safety device(s) on or included with product, describe general condition of product, broken parts, sharp edges, small removable parts; has the product been repaired, where, when, how; were any parts removed or replaced; was the product assembled when purchased; was the product purchased or rented; where, when; if the product is electrical was it plugged in at the time of accident, was it grounded and/or double insulated; describe the length of cord and its condition; etc.</p>		

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H IND. 1		INDEX		EPIDEMIOLOGIC IN-DEPTH INVESTIGATION REPORT	
1 CASE NO. 3241 800305CH1019		3			
2 DATE OF ACCIDENT MO DAY YR 07 7 28 80		4			
PRODUCT CODES		5	6 SPECIAL STUDY	7 CODER ID	
8 NEISS REFERENCE					
HOSPITAL ID		BATCH DATE MO DAY YR		RECORD NO.	
NA					
9 DATE INVESTIGATION INITIATED MO DAY YR 0 8 0 8 8 0		10 CONTRACTOR/AREA OFFICE CODE 8 1 5		11 CASE SOURCE (POLICE, FIRE, RADIO, NEWSPAPER, NEISS, ETC.) Complaint	
INVESTIGATOR'S ID 8 4 07 3		REVIEWED BY: ID/DATE 8 1 4 9		MO DAY YR 0 8 2 8 8 0	
12 TIME SPENT ON INVESTIGATION (total hours) 0 6		13 ON SITE VISIT MADE IF "NO" EXPLAIN IN NARRATIVE YES-1 NO-2 1		14 PRODUCT PHYSICALLY EXAMINED IF "NO" EXPLAIN IN NARRATIVE YES-1 NO-2 1	
15 SUPPLEMENTAL GUIDE USED YES-1 NO-2 2					
LOCATION OF ACCIDENT					
16 STATE IL		17 COUNTY Lake		18 CITY Gurnee	
19 GENERAL LOCATION (Home, school, etc.) Home		20 SPECIFIC LOCATION (Gym, kitchen, attic, etc.) Front Yard			
DEMOGRAPHIC DATA					
21 RACE (Use numerical code) WHITE -1 BLACK -2 SPANISH SURNAME AMER. -3 ASIAN AMERICAN -4 AMERICAN INDIAN -5 OTHER -6 1		22 SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 2		23 AGE IF TWO (2) YEARS OR OLDER INDICATE AGE IN YEARS PRECEDED BY THE NUMBER "0". IF UNDER TWO (2) YEARS INDICATE AGE IN MONTHS PRECEDED BY THE NUMBER "2" 0 0 5	
24 HEIGHT IN INCHES 4 6		25 WEIGHT (lbs) 0 4 8		26 HANDEDNESS (Use numerical code) RIGHT -1 BOTH -3 LEFT -2 UNKNOWN -4 1	
27 EDUCATION IN YEARS 1		28 MARITAL STATUS single			
29 OCCUPATION student		30 RESPONDENT (S) (MOTHER, FRIEND, ETC.) Mother			
INJURY DATA					
31 TIME OF ACCIDENT (24 hour clock) 1 3 3 0		32 DAY OF WEEK OF INJURY/ACC (Use numerical code) (Sun-1, Mon-2, Tue-3, Wed-4, Thu-5, Fri-6, Sat-7) 2		33 FIRST AID GIVEN (Use numerical code) YES-1 NO-2 UNKNOWN-3 N/A-9 1	
34 TIME FIRST SEEN IN EMERGENCY ROOM (24 hour clock) N A		35 DATE FIRST SEEN IN EMERGENCY RM MO DAY YR N A		36 EST. NO. DAYS INCAPACITATED 0 0 0	
37 PATIENT DISPOSITION (Use numerical code) TREATED AND RELEASED -1 TREATED AND ADMITTED -2 TREATED AND TRANSFERRED -3 EXPIRED IN EMER ROOM -4 EXPIRED AFTER FIRST DAY -5 DEAD ON ARRIVAL -6 OTHER OR UNKNOWN -7 N/A -9 7				38 LENGTH OF STAY IN HOSPITAL (specify in days) N/A	

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H IND 2		CASE NO 8006 3241 0249	
39 INJURY DIAGNOSIS hematoma	<input type="text"/>	<input type="text"/>	40 BODY PART Right eye
41 INJURY DIAGNOSIS none	<input type="text"/>	<input type="text"/>	42 BODY PART
43 INJURY DIAGNOSIS	<input type="text"/>	<input type="text"/>	44 BODY PART
45 INJURY DIAGNOSIS	<input type="text"/>	<input type="text"/>	46 BODY PART
47 INJURY DIAGNOSIS	<input type="text"/>	<input type="text"/>	48 BODY PART
PRODUCT DATA (BE AS SPECIFIC AS POSSIBLE)			
TYPE(S) OF PRODUCT			
49 FIRST water opr. toy	<input type="text"/>	50 SECOND none	<input type="text"/>
51 THIRD none	<input type="text"/>	52 FOURTH none	<input type="text"/>
53 NUMBER OF PRODUCTS OF THIS CATEGORY IN HOUSEHOLD <div style="border:1px solid black; padding:2px; display: inline-block;">0 1</div>	54 FREQUENCY OF USE 2x/week	<input type="text"/>	55 AVERAGE TIME PER USE .75 hr.
FIRST PRODUCT		MANUFACTURER IDENTIFICATION	
56 TRADE/BRAND NAME MANUFACTURER & ADDRESS San Gabriel, CA 91778 "Fun Fountain" Whamo Mfg., 335 E. El Monte St.		<input type="text"/>	
57 MOD. NO. none	<input type="text"/>	58 SER. NO. none	<input type="text"/>
FOR ITEMS 59 THRU 66 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4			
59 CERTIFICATION ON PRODUCT (AGA, U/L, ETC.) <div style="border:1px solid black; padding:2px; display: inline-block;">2</div>	60 ANY SAFETY DEVICE(S) PRESENT ON PRODUCT <div style="border:1px solid black; padding:2px; display: inline-block;">1</div>	61 APPLICABLE SAFETY DEVICE IN USE <div style="border:1px solid black; padding:2px; display: inline-block;">1</div>	62 WARNING OR CAUTION STATEMENT PRESENT ON PRODUCT <div style="border:1px solid black; padding:2px; display: inline-block;">1</div>
63 WARNING OR CAUTION STATEMENT FOLLOWED <div style="border:1px solid black; padding:2px; display: inline-block;">1</div>	64 AGE OF PRODUCT MONTHS PRECEDED BY "2"; YEARS PRECEDED BY "0" <div style="border:1px solid black; padding:2px; display: inline-block;">2 0 1</div>	65 PRODUCT STATUS OWNED-1 BORROWED-3 RENTED-2 OTHER-4 <div style="border:1px solid black; padding:2px; display: inline-block;">1</div>	66 PRODUCT MODIFIED IN ANY WAY, INCLUDING ADDITION OF SAFETY DEVICE(S) <div style="border:1px solid black; padding:2px; display: inline-block;">1</div>
SECOND PRODUCT		MANUFACTURER IDENTIFICATION	
67 TRADE/BRAND NAME MANUFACTURER & ADDRESS None		<input type="text"/>	
68 MOD. NO.	<input type="text"/>	69 SER. NO.	<input type="text"/>
FOR ITEMS 70 THRU 77 USE THESE CODES AND AMPLIFY IN NARRATIVE YES-1 NO-2 UNKNOWN-3 NOT APPLICABLE-4			
70 CERTIFICATION ON PRODUCT (AGA, U/L, ETC.) <div style="border:1px solid black; padding:2px; display: inline-block;"></div>	71 ANY SAFETY DEVICE(S) PRESENT ON PRODUCT <div style="border:1px solid black; padding:2px; display: inline-block;"></div>	72 APPLICABLE SAFETY DEVICE IN USE <div style="border:1px solid black; padding:2px; display: inline-block;"></div>	73 WARNING OR CAUTION STATEMENT PRESENT ON PRODUCT <div style="border:1px solid black; padding:2px; display: inline-block;"></div>
74 WARNING OR CAUTION STATEMENT FOLLOWED <div style="border:1px solid black; padding:2px; display: inline-block;"></div>	75 AGE OF PRODUCT MONTHS PRECEDED BY "2"; YEARS PRECEDED BY "0" <div style="border:1px solid black; padding:2px; display: inline-block;"></div>	76 PRODUCT STATUS OWNED-1 BORROWED-3 RENTED-2 OTHER-4 <div style="border:1px solid black; padding:2px; display: inline-block;"></div>	77 PRODUCT MODIFIED IN ANY WAY, INCLUDING ADDITION OF SAFETY DEVICE(S) <div style="border:1px solid black; padding:2px; display: inline-block;"></div>

CONSUMER PRODUCT COMPLAINT REPORT

H-090102

1. NAME OF COMPLAINANT Mary Ortscheid		2. TELEPHONE NO. 715-423-6633	3. DATE OF INCIDENT 8/19/80
4. STREET ADDRESS 1541 28th Street, North		5. CITY, STATE, ZIP CODE Wisconsin Rapids, WI 54494	
6a. DESCRIPTION OF PRODUCT(S) Outdoor Water Toy- Fun Fountain		<input type="checkbox"/> Objects to release of name. <input checked="" type="checkbox"/> Does not object to release of name.	
		6b. DATE ACQUIRED June 1980	
7. BRAND NAME Wham-o Fun Fountain		8. MODEL/STYLE NO. 237	
9. SERIAL NO. PIN/1000530		10. LOT/BATCH NO.	
11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS Wham-o mfg. Co. San Gabriel, CA 91778		12. DEALER NAME AND ADDRESS	
13. HOW PRODUCT ACQUIRED Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
14. SAMPLE AVAILABLE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		15. WARNING LABEL Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
16. INSTRUCTIONS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
17. PRODUCT DAMAGED BEFORE INCIDENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		18. PRODUCT REPAIRED BEFORE INCIDENT AFTER Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. AGE OF PRODUCT (ESTIMATE IF NECESSARY) 2 months			
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE 5 years		21. VICTIM'S SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	
		22. BODY PART(S) INVOLVED see below	
23. TYPE OF INJURY OR ILLNESS Burn <input type="checkbox"/> Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Other <input type="checkbox"/> Specify _____			
24. MEDICAL TREATMENT RECEIVED Physician's Office <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other Hospital <input type="checkbox"/> Other <input checked="" type="checkbox"/> Specify phoned physician			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. <p>The complainant reports that the child's hymen was ruptured because she sat on the clown while the water pressure was high. She believes this toy is very harmful. Complainant sent complaint via the Wisconsin Dept. of Consumer Protection.</p> <p>Letter has been sent to consumer giving information concerning CPSC's recall of this toy, involving the correction of the water flow.</p>			
FOR COMMISSION USE ONLY			
26. RECEIVING OFFICE mail		27. DATE RECEIVED Sept. 1980	
		28. RECEIVED BY	
29. SOURCE OF REPORT Letter <input type="checkbox"/> Phone <input type="checkbox"/> Visit <input type="checkbox"/> Other <input checked="" type="checkbox"/> Specify complaint report			30. DOCUMENT NO.
31. FOLLOW-UP ACTION Letter has been sent. Copy of original report in correspondence file.			32. PRODUCT CODE(S)
33. DISTRIBUTION		34. ENDORSER'S NAME AND TITLE 277	

MEMO RECORD	AVOID ERRORS PUT IT IN WRITING	D. 6-24-68		
FROM: Wayne Pollack, LOS	OFFICE			
TO: Wayne Pollack, LOS	DIVISION			
SUBJECT: When-O Don Fountain				
<p>SUMMARY</p> <p>Wayne--</p> <p>When you do your inspection at When-O and provide them with the two complaints, would you please inquire as to their comments/ explanations/investigations of these two complaints and ask them if they would consider doing any additional corrective action or different corrective action based on these two complaints. Thank.</p> <p><i>[Handwritten signature]</i></p>				
SIGNATURE	DOCUMENT NUMBER			

MEMO RECORD

AVOID ERRORS
PUT IT IN WRITING

9-24-80

FROM:

CONTRA MULLIGAN, CUPP

OFFICE

TO:

FILE

DIVISION

SUBJECT:

Complaint on Fun Fountain

SUMMARY

I called Jeff Osterfield to determine if the Fun Fountain toy was one and on which her child was injured incorporated the blue retrofit flow control device. She stated that it did not meet the labeling on the product indicated this was the new improved design.

I asked if she minded if we forwarded her complaint to the manufacturer and her name. She stated that we could release her name.

SIGNATURE

DOCUMENT NUMBER

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February 20, 1980

TOY BUYER OR MANAGER

RE: NOTICE OF VOLUNTARY CORRECTIVE ACTION PROGRAM,
WHAM-O FUN FOUNTAIN TOY, STOCK NO. 237

Dear Customer:

WHAM-O is voluntarily initiating this CORRECTIVE ACTION PROGRAM with regard to its Fun Fountain Toy, Stock No. 237. This Program has been determined to be adequate by the staff of the Hazard Correction Branch of The U.S. Consumer Product Safety Commission. This Notice is to inform you of the problem, the solution to the problem, and the action requested of you.

THIS IS A VOLUNTARY CORRECTIVE ACTION PROGRAM AND NOT A RECALL. NO PRODUCT RETURNS ARE NECESSARY NOR WILL THEY BE ACCEPTED.

1. THE PROBLEM:

On November 14, 1979, the staff of the Consumer Product Safety Commission made a preliminary determination that the Wham-O Fun Fountain Toy presents a substantial product hazard as defined in Section 15 of the Consumer Product Safety Act. This preliminary determination was made on the basis of two apparently minor and non-permanent eye injuries allegedly suffered by children late in 1979, as a result of being struck in the eye by the stream of water from the product. These alleged injuries apparently occurred in localities having high water pressure.

2. THE SOLUTION:

Wham-O does not agree with the preliminary determination of the staff of the CPSC. Nevertheless, Wham-O has modified the product by the addition of a water flow control valve, which substantially decreases, limits

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Toy Buyer or Manager
February 20, 1980
Page Two

and keeps constant the amount of water from the product under varying water pressures. In Wham-O's opinion the addition of this valve eliminates any potential risk of injury of this source without detracting from the play value of the product.

FUN FOUNTAINS CONTAINING SUCH A WATER FLOW CONTROL VALVE HAVE BEEN TESTED BY THE STAFF OF THE CPSC AND ON DECEMBER 10, 1979 WERE DETERMINED BY THEM TO BE "SATISFACTORY IN REDUCING THE RISK OF INJURY ASSOCIATED WITH THIS TOY."

a. Future Shipments of Redesigned Fun Fountains by Wham-O:

All Fun Fountains shipped by Wham-O after December 1, 1979, will contain the new water flow control valve.

All such redesigned product will be readily identifiable by:

- (1) The hose connector which is BLUE, and the individual carton in which the product is packaged has an "IMPORTANT" notice on the front panel and a "SAFETY CHECK LIST" on the back panel.
- (2) A limited quantity of Fun Fountains currently in Wham-O's inventory have a RED hose connector and have been modified by the insertion of a clearly visible BLUE Water Flow Control Valve insert. Such product is packaged in an individual carton which has the "IMPORTANT" notice and "SAFETY CHECK LIST" on the carton.

b. Modification of Fun Fountains Previously Shipped by Wham-O:

Fun Fountains previously manufactured and shipped in 1977, 1978 and 1979 did not contain a water flow control valve.

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Toy Buyer or Manager
February 20, 1980
Page Three

These products may be identified by a RED Hose Connector. Also the individual carton in which they are packaged does not contain a prominent "IMPORTANT" notice on the front panel and does NOT contain a "SAFETY CHECK LIST" on the back panel.

Wham-O has designed a Blue Snap-in Water Flow Control Valve Insert which can easily be inserted in the Hose Connector of such products and once inserted cannot be removed. Such inserts will be made available by Wham-O without charge to all wholesalers, retailers and consumers who purchased such products and should be inserted in the Hose Connector of all Fun Fountains having a RED HOSE CONNECTOR, which have not already been modified by the addition of such insert.

3. YOUR PART IN THE CORRECTIVE ACTION PROGRAM:

Our records indicate that you purchased Fun Fountain toys, stock no. 237 in 1977, 1978 and/or 1979. We urgently request your assistance and cooperation in implementing this Corrective Action Program as follows:

- a. Please check your inventory and advise us of the number of Fun Fountain toys you have in stock. We will send you a supply of BLUE water flow control valve inserts which we request you snap in the hose connector of such toys and a supply of "IMPORTANT" notices and "SAFETY CHECK LISTS" to be affixed to the individual cartons in which the product is packaged.
- b. If you are a Jobber, Redistributor, or a Retail Chain, please notify your customers and/or Retail Outlets of this "Corrective Action Program" and furnish them with copies of this notice and enclosed material. Additional copies of this notice, the Consumer Notice to be posted in the Retail Store and BLUE Water Flow Control Valve Inserts, may be ordered by contacting our Sales

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Toy Buyer or Manager
February 20, 1980
Page Four

Representative of our Customer Service Department
by mail or by calling on our WATS line
(800) 423-4174 or (213) 257-9681.

- c. If you are a Retailer, please post the enclosed
"Consumer Notice of Corrective Action" in a
conspicuous place in your toy department or near
your cash register and furnish the consumer,
upon request, a BLUE Water Flow Control Valve
Insert. An initial supply of such inserts is
being sent to you under separate cover.
Additional inserts may be ordered by contacting
our Sales Representative or our Customer Service
Department by mail or by calling on our WATS
line (800) 423-4174 or (213) 257-9681.

Your assistance and cooperation in implementing this
program is greatly appreciated.

If you have any questions, please call me.

Sincerely

WHAM-O MFG. CO.

By Dick Moe
Dick Moe
General Sales Manager

DM/sch

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80-07

NEWS from CPSC

A Consumer Product Safety Commission

FOR RELEASE:
MONDAY, MARCH 10, 1980

WHAM-O TO CORRECT POTENTIAL HAZARD IN CHILDREN'S OUTDOOR WATER TOY

WASHINGTON, D.C. (March 10)-- A program to correct more than 100,000 outdoor "Fun Fountain" water toys which may cause serious injuries to children is being conducted by the Wham-O Mfg. Co. of San Gabriel, California.

The firm, in cooperation with the U.S. Consumer Product Safety Commission, voluntarily will supply free corrective water flow control valve inserts for its "Fun Fountain" toys produced from 1977 through November, 1979.

The toy consists of a clown hat and head which attaches onto the end of a garden hose so that the hat rises in the air when water flows through the clown's head. Children may be inclined to peer into the water outlet and the stream of water could cause serious eye injuries, especially in communities with high water pressure.

CPSC so far has been informed of two consumer complaints since June, 1979, involving a six-year-old boy and a seven-year-old boy who suffered eye injuries when struck at close distance by water emitted from the "Fun Fountain" toys.

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Consumers wishing further information may call CPSC's toll-free Hotline at 800/638-8326; in Maryland, call 800/492-8363; and in Alaska, Hawaii, Puerto Rico and the Virgin Islands, 800/638-8333.

NEWS from CPSC

U.S. Consumer Product Safety Commission

FOR RELEASE:
MONDAY, MARCH 10, 1980

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The Wham-O "Fun Fountain" water toys were sold nationwide in toy stores and variety stores for approximately \$10.00 each. The model number of the toy, #237, is imprinted on the toy's package.

- According to the company, the potential hazard has been corrected on all "Fun Fountain" toys manufactured since December, 1979 when the toys began to be produced with a water flow control valve to decrease and control the water flow. Such new editions are readily identifiable since they are equipped with a blue hose connector (the older design has a red connector) at the base of the clown head. The words "Important Notice" and "Safety Check List" also are imprinted on the new toy cartons.

If the hose connector is red but contains a blue insert which is clearly visible, then it also has been corrected and is equipped with a water flow control valve.

To correct the potential hazard in "Fun Fountain" toys manufactured before December, 1979, parents are urged to go to the place of purchase to receive a free water flow control valve insert, or they may contact Wham-O directly to receive a free valve insert (Customer Service Dept. 7, 835 East El Monte Street, San Gabriel, California, 91778). Consumers also may telephone Wham-O toll-free at 800/423-4174 (in California, call collect at 213/287-9681).

The water flow control valve snaps easily into the hose connector and once installed will remain firmly within the connector, according to the company.

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